ous data collection methods; to provide an interactive forum for discussing recommendations for the use of each method; and to discuss the implications that alternative measurement strategies may have on reported results.
PARTICIPANTS WHO WOULD BENEFIT: This session is directed at individuals who are responsible for the design and conduct of pharmacoeconomic evaluations. Individuals who need to interpret study results will also benefit from this workshop.

Pharmacoeconomic studies are often designed without the appropriate concern for, or justification of, the data collection method used. Previous research has focused mainly on what data to collect rather than how to collect the data. This current research focuses on the issue of study validity through the use of various data collection strategies. This workshop will discuss the appropriate application of each strategy and provide recommendations for the employment of particular data collection methods in the context of specific studies. Methodologies to be discussed include office-based self-administration, patient diaries, face-to-face interviews (written and oral), telephone interviews (personal and CATI), and postal surveys. The research presented here augments earlier research by informing researchers of potential issues with data collection techniques on resource utilization collection.

WMQ1

THE SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM HEALTH QUESTIONNAIRE (SCAP−HQ): A BRIEF INSTRUMENT TO ASSESS OUTCOMES OF CARE IN SCHIZOPHRENIA

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WORKSHOP OBJECTIVE: Advances in treatment for schizophrenia and the development of evidence-based standards of care demand better methods for population-based research on this disease and routine assessment of treatment outcomes in systems of care. The purpose of this workshop is to introduce the Schizophrenia Care and Assessment Program Health Questionnaire (SCAP−HQ), a brief instrument to measure the clinical and functional outcomes of care for schizophrenia. We will describe the rationale for the instrument, the process of its development, and its scope of measurement. We will discuss the validity of the SCAP−HQ in relation to concurrent administration of major clinical and functional instruments for schizophrenia. We will consider applications of SCAP−HQ in longitudinal studies and present results of its use in this context. The participant will understand potential applications of the instrument in research and routine assessment.
PARTICIPANTS WHO WOULD BENEFIT: Providers of care for schizophrenia and researchers with interest in methods to measure and monitor outcomes of treatment in actual care settings.

Schizophrenia affects about one percent of the population and exacts substantial human and economic costs. We will discuss the development, validation, and applications of a new instrument (SCAP−HQ) to assess outcomes of care for this disease in research or routine clinical assessment. We will address measurement of patients' disease status (symptoms, side effects), generic health status, functional status (productivity, social relations, daily activities, leisure), quality of life, and safety and welfare. We will evaluate the instrument's performance with respect to internal consistency, test-retest reliability, and criterion validity in comparison to existing instruments. We will discuss use of the instrument to model the effect of prior period clinical status, medication therapy, and other patient characteristics on clinical and functional outcome. Participants with interest in patient-centered methods for schizophrenia outcomes assessment will benefit from this workshop.

SESSION 2

WPE4

AN ELECTRONIC TOOL FOR EMPIRIC ASSESSMENT OF DISEASE RISK, CATEGORIZATION OF PATIENTS AT RISK AND MONITORING OF OUTCOMES

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WORKSHOP OBJECTIVE: The purpose of this workshop is to present Multiple Disease Risk Assessment 2000 (MDRA 2000), a tool for empiric assessment of disease risk factors, categorization of patients at risk, and monitoring of patient outcomes.
PARTICIPANTS WHO WOULD BENEFIT: Healthcare decision-makers and others involved in the process of monitoring and evaluating patient outcomes.

Identifying patients at risk for disease and providing appropriate care can improve patient outcomes and results in significant cost reductions to healthcare systems. Multiple Disease Risk Assessment 2000 provides clinicians with a valuable tool for performing a systematic analysis of patients at risk of developing a selected disease, infection, or medical complication. The tool can identify presence of key risk factors, serve as a guideline for initiating a therapeutic intervention, and can help identify factors

associated with adverse events. Patient data can also be monitored to evaluate financial and clinical outcomes. MDRA 2000 can serve as a warning system to alert clinicians to patients at risk for disease and can assist in the selecting appropriate strategies for patient management. The workshop will entail a demonstration of this software tool along with an example of risk assessment strategies for a specific disease.

WPE5

ANALYSES OF OUTCOME DOMAINS IN SCHIZOPHRENIA: METHODOLOGIES AND RESULTS FROM THE SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM (SCAP)

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WORKSHOP OBJECTIVE: The prospective collection of real-world data on schizophrenia care allows for the analysis of a broad range of clinical, functional, quality of life, and economic outcomes. This workshop will: 1) explore the development of a comprehensive research infrastructure for coordination and evaluation of such data, 2) present the results of analyses conducted on participant baseline and physician survey data, and 3) discuss the use of methodologies for the coordination and analysis of complex treatment patterns in schizophrenia.
PARTICIPANTS WHO WOULD BENEFIT: Professionals who are or expect to be involved in prospective outcome studies and others interested in the application of outcomes analyses derived from real-world treatment experiences.

Data on SCAP participants are collected from clinical assessment, self-report, medical records, and administrative records at 6-month intervals over 3 years. Participants are being enrolled through six major sites of service delivery across the United States. The total sample will be 2400 participants. Issues relating to the development of a coordinated research database and the coordination of research efforts will be discussed in section one of this workshop. In section two, the results of baseline analyses (n = 562) conducted on the sample characteristics, on selected clinical, functional, and quality of life outcomes, and on the impact of those outcomes on service utilization will be presented. The factors that facilitate or limit the adoption and diffusion of new atypical antipsychotics among physicians treating the SCAP participants (n = 240) will also be discussed. In the final section, a taxonomic approach to the analysis of medication utilization patterns is discussed within the framework of current practice, physician behavior, and standards of practice for the treatment of schizophrenia. Attendees will gain an understanding of the issues concomitant with collecting, assessing, and applying the results of prospective data derived from real-world treatment settings.

WPE6

PHARMACOECONOMICS OF SCREENING AND TESTING

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WORKSHOP OBJECTIVE: The purpose of this workshop is to develop and enhance skills for designing and conducting pharmacoeconomic analyses of diagnostic screening and testing (DST). The workshop will focus on three issues: 1) the nature of the available data on the test parameters (e.g., sensitivity, specificity), 2) differential time horizons of the DST alternatives, and 3) the non-independence of sequential tests.
PARTICIPANTS WHO WOULD BENEFIT: Researchers in academia and industry who employ pharmacoeconomics to evaluate DST technologies, as well as decision-makers who must approve these technologies for reimbursement.

Pharmacoeconomic analyses of DST technologies can be more complex than those of medical treatments. Often the most straightforward decision tree requires probabilities (e.g., the positive and negative predictive values) that must be calculated from the available test parameters. What is the correct decision tree structure given available information? Is Bayesian revision or "tree-flipping" required? Additionally, analysts may encounter difficulties when comparing DST alternatives with differential time horizons. What needs to be considered when comparing an expensive test that will result in much earlier treatment to a less costly test that takes longer to complete? Lastly, combinations of sequential tests may be compared to a single test. Given that the individual test results are no longer independent of each other, how should the specificity and sensitivity of the individual tests be modified to account for this? We will employ two examples to illustrate these issues and demonstrate how to: 1) identify these problems, 2) appropriately address them, and 3) present the methods and results to the end-user of the analysis.

WTG3

WHAT EVERY OUTCOMES RESEARCHER SHOULD KNOW ABOUT WOMEN'S HEALTH RESEARCH

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WORKSHOP OBJECTIVE: This workshop will provide a brief overview of the field of women's health research and ways in which gender-based biology can be incorporated into general outcomes research, particularly for clinical trials.